

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10-S90921 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	0					
4						
5						
6						
7						
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10						
11						
12						
13						
14						
15						
16						
17						
18						
19	1					
20						
21						
22						
23						
24	1					
25						
26						
27						
28						
29						
30						
31						
32	1					
33	1					
34						
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36						
37						
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47						
48						
49						
50						
TOTAL IND.	2		↓		↓	↓
TOTAL DEP.	3	←		←	←	
TOTAL CLAIMS	33	████████	████████	████████	████████	████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←	←	
TOTAL CLAIMS	33	████████	████████	████████	████████	████████